

DEPARTMENT OF CORRECTIONS
Mangilao, Guam

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GENERAL ORDER:	Date of Issue: MAY 01 2014	Effective: Immediately	No. 14-01
	Reference: Chapter 80, Section 80.49, 9 GCA		Rescinds: GO #97-017
Index As: Extension Limits of Confinement (ELOC) for Inmates			

SUBJECT: Extension Limits of Confinement (ELOC)

PURPOSE: To establish regulation for the processing of Extension Limits of Confinement Requests.

THIS ORDER CONSISTS OF THE FOLLOWING NUMBERED SECTIONS:

- I. OBJECTIVE
- II. POLICY
- III. DEFINITION OF RELATIVES
- IV. PROCEDURES

I. OBJECTIVE:

To ensure compliance with the provision as set forth by Section 80.49, 9 GCA, in granting inmates an Extension Limits of Confinement.

II. POLICY:

It is the policy of the Department of Corrections to provide written guidelines in executing the mandated requirements set forth in Section 80.49, 9 GCA, in establishing an Extension Limits of Confinement for inmates.

III. DEFINITION OF RELATIVES:

For the purpose of this regulation, the definition of relatives are as follows:

- A. **Spouse:** Husband or wife of an inmate through legal marriage by the church or civil authority.
- B. **Brothers/Sisters:** Biological, half, step and/or adopted brothers or sisters of the inmate.
- C. **Children:** Biological, step or adopted children of the inmate. (Birth certificate and adoption papers are proof of children.)

- D. **Parent:** Biological, step or adopted mother and father of the inmate. (Birth certificate and adoption papers are proof of parenthood.)
- E. **Grandparents or Great Grandparents:** Biological, step or adopted grandparents or great grandparents.
- F. **Common-Law Spouses:** Common-Law is not a recognized legal marriage in Guam. Inmate must have cohabited with the spouse for a period of two (02) or more years **prior** to incarceration. (*Income tax return and birth certificate of children are proof of cohabitation.*)
- G. **Mother and Father-In-Law:** Mother or Father-In-Law of inmate through legal marriage *only*.

IV. PROCEDURES:

- A. Responsibilities for the processing of Extension Limits of Confinement (ELOC) requests:
 - 1. The Casework and Counseling Services Division (CCSD) shall have primary responsibility for the processing and completion of all inmate applications for ELOC (*Form A1*).
 - 2. The Casework and Counseling Services Division shall establish a standard for the management of all requests, to include the following:
 - a. Interview of family members or other personnel involved in the request.
 - b. Verification of information.
 - c. Coordination with the appropriate departmental unit/units for the escort and transport of the inmate.
 - 3. Inmate's ELOC Agreement. The caseworker assigned to coordinate inmate's request shall:
 - a. Provide the inmate with a proposed agreement for his/her review.
 - b. Ensure that the inmate acknowledge the conditions and responsibilities of the agreement by signing the agreement (*Form A2*).

- c. ELOC request will not be granted if the inmate refuses to sign the agreement.
- 4. Submission of the request and supporting documents.
 - a. Upon completion from assigned caseworker of all verifications, interviews and application processing, all documents must be submitted to the CCSD Administrator for review, amendment and changes as deemed appropriate (*Form A3*).
 - b. Upon the CCSD Administrator's recommendation, the request application shall be forwarded to the Warden for recommendation.
 - c. Upon the Warden's recommendation, the request is forwarded to the Director for his approval/disapproval.
 - d. Should ELOC be disapproved at any level, it shall not be forwarded to the Director.
- B. **Eligibility Criteria:** The following shall be the criterion required to qualify inmates for ELOC.
 - 1. Inmates shall be under the custody and jurisdiction of the Department of Corrections.
 - 2. Request for ELOC must meet the standards set forth by Section 80.49, 9 GCA:
 - a. To visit a dying relative.
 - b. To attend the funeral of a relative.
 - c. To obtain medical services not otherwise available within the Department of Corrections. (*This is initiated by ACF Physician only, Form ELOC 14-01 B*).
 - d. For any other equally compelling reason (i.e. Erica's House, Guma Mami, Sanctuary, etc.) consistent with public interest and safety.

NOTE: Director's modification must be obtained via writing.

- C. **Submission of ELOC Request:** All requests for ELOC must be transmitted to CCSD for processing through one of the following:

1. Application Form from the Inmate.
2. Letter from requesting party.
3. Personal appearance by the requesting party other than the inmate.

D. Processing Procedures for ELOC Application:

1. All applications for ELOC must be forwarded to CCSD (*with the exception of B (c); medical services*) for processing and verification.
2. Upon receipt of the application request, CCSD Administrator shall assign a caseworker to process the application. Processing of the application shall be completed within three (03) working days.
3. All applications shall be recorded in the log book in the CCSD Office provided for this purpose and must have the following information.
 - a. ELOC number
 - b. Inmate's name.
 - c. Custody/Classification level.
 - d. Date of activity.
 - e. Times of activity.
 - f. Purpose of activity.
 - g. Disposition of ELOC.
4. Assigned caseworker must provide the following information on the Verification log (*Form A3*).
 - a. Date and time received.
 - b. Inmate's name.
 - c. Caseworker assigned to process the request.
 - d. Date and time requested for the ELOC.
 - e. Inmate's relationship to the person being visited or deceased.

- e. Inmate's relationship to the person being visited or deceased.
 - i. Relatives must be contacted to ensure the inmate's presence is in the best interest for all parties being visited. *(Use activity/comments block on Form A3).*
- f. Exact location (address) of the ELOC.
- g. Request justification for the ELOC.
- h. Inmate's attire should be in accordance to classification.

E. Scheduling Escort and Transportation for the Inmate on ELOC:

1. The caseworker coordinating the ELOC must contact the Transport section and request for escort and transportation after the inmate's request for ELOC has been granted.
2. All requests for escort personnel and transportation must be submitted **NOT LESS THAN TWELVE (12) HOURS PRIOR** to the scheduled ELOC.
3. The number of escort personnel and restraint will be in accordance with the requirement established for the inmate's security/custody classification.

F. Emergency ELOC Application: When Emergency ELOC request application is received after 5 p.m. and/or during weekends and holidays, the following process will apply.

1. The Platoon Commander will:
 - a. Process the emergency application in accordance with the procedures set forth in Sections IV. B.
 - b. Contact the Director or the Warden for approval. **ONLY** upon approval will an inmate be granted ELOC.
 - c. Assigned escorts from personnel on duty and provide transportation. The number of escorts and restraint will be in accordance with the inmate's security classification.
 - d. Set a time frame for the return of the inmate to the Department of Corrections. (The maximum time allowance for any inmate shall be no more than One (01) hour upon arrival at the location of the ELOC.)

- e. A copy of the emergency ELOC shall be forwarded to CCSD for file and information.
2. At no time will an ELOC be granted to any inmate without the adequate number of escort and restraining devices to and from the facility.

G. Transport Officer's Responsibilities:

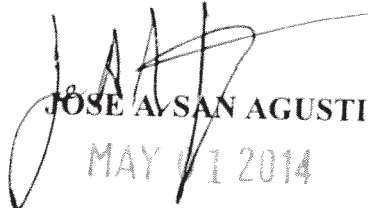
It shall be the sole responsibility of the Officer-In-Charge assigned escort for the following:

1. To ensure that the inmate is secured at all times and in the custody from the time the inmate departs from the department until he/she returns.
2. For the inmate's conduct and behavior during the visit.
3. To return the inmate immediately upon:
 - a. Any signs of disorderly conduct and behavior or any attempt to disobey the instructions from any of the escorting officers.
 - b. Failure to comply with any portion of the ELOC agreement.
 - c. Any type of confrontation which may cause embarrassment for the inmate and/or the department.
4. Prevent the inmate from any communication by other known criminals who may be at the place of visit.
5. To prepare and submit after action report upon completion of the ELOC visit, the report will include the following:
 - a. Name of escorts and inmate being transported.
 - b. Transportation officer to log the time of departure and time of return.
 - c. Report any unusual activity while at the place of visit.
 - d. Action taken to resolve any problem encountered while on the visit.

e. Report to be submitted to the Warden through channels.

H. Attachments:

1. Application Form A1
2. Agreement Form A2
3. Verification Log Form A3
4. ELOC Form A4
5. Memorandum Medical ELOC Form B


JOSE A. SAN AGUSTIN
MAY 01 2014

DEPARTMENT OF CORRECTIONS
Government of Guam

APPLICATION FORM
EXTENSION LIMITS OF CONFINEMENT (ELOC)

TO: Administrator, Casework and Counseling Services Division

FROM: _____
INMATE

SUBJECT: REQUEST FOR ELOC

This Request is based on humanitarian reasons, as described below, and provided for by Section 80.49, 9 GCA.

I understand that the submission of this request authorizes the Casework Division to verify information contained herein. Furthermore, this request will be processed within three (03) working days from the date, time of its receipt by the Division. Thereafter, it will be forwarded to the Director of Corrections for his disposition.

1. Purpose of the Requested Activity (described briefly):
2. Date of Requested Activity:
3. Time of Requested Activity:
4. Location of Requested Activity (give exact address):
5. Contact Person(s) & Relationship to Inmate:

Work Phone Number:

Home Phone Number:

6. Transportation to be Provided by (Name):

Inmate's Signature: _____ Date: _____ Time: _____

Date/Time Received by ACF: _____ Received by: _____

Date/Time Received by CCSD: _____ Received by: _____

DEPARTMENT OF CORRECTIONS
Mangilao, Guam

AGREEMENT
EXTENSION OF LIMITS OF CONFINEMENT (ELOC)

1. I UNDERSTAND THAT WHILE ON ELOC, I REMAIN IN THE CUSTODY OF THE DIRECTOR OF CORRECTIONS. I AGREE TO CONDUCT MYSELF IN A MANNER NOT TO BRING DISCREDIT TO MYSELF OR TO THE DEPARTMENT OF CORRECTIONS. I UNDERSTAND THAT I AM SUBJECT TO ARREST AND INSTITUTIONAL DISCIPLINARY ACTION FOR VIOLATING ANY CONDITION LISTED HEREIN.
2. I WILL NOT VIOLATE ANY LAWS (FEDERAL OR TERRITORIAL). I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR ESCAPE (9 GCA; CHAPTER 58) IF I FAIL TO RETURN TO THE DEPARTMENT OF CORRECTIONS AT THE TIME AND DATE DESIGNATED.
3. I WILL NOT LEAVE THE APPROVED LOCATION OF MY AUTHORIZED ELOC AT ANY TIME EXCEPT TO RETURN TO THE DEPARTMENT OF CORRECTIONS (USING THE MOST DIRECT ROUTE), BEFORE THE EXPIRATION OF MY AUTHORIZED ELOC.
4. I SHALL NOT PURCHASE, POSSESS, USE, INJECT, CONSUME, ANY DRUGS OR INTOXICATING IN ANY FORM, UNLESS PRESCRIBED BY A MEDICAL DOCTOR.
5. I WILL NOT HAVE IN MY POSSESSION ANY FIREARM OR OTHER DANGEROUS WEAPON.
6. I WILL NOT ASSOCIATE WITH PERSON(S) HAVING A CRIMINAL RECORD OR WITH PERSON(S) WHO I KNOW ARE ENGAGED IN ANY ILLEGAL OCCUPATIONS OR ACTIVITIES.
7. I WILL NOT OPERATE/DRIVE ANY MOTOR VEHICLE WHILE I AM ON ELOC.
8. I WILL BE CHECKED BY A STAFF MEMBER OF THE DEPARTMENT OF CORRECTIONS, AT THE RESIDENCE APPROVED, IN THE INTEREST OF SECURITY AND PUBLIC SAFETY.
9. I AGREE TO SUBMIT TO URINE, BLOOD, BREATHALYZER OR OTHER TESTS UPON MY RETURN TO THE DEPARTMENT OF CORRECTIONS.
10. I SHALL NOT BE INVOLVED IN ANY FIGHT OR DISTURBANCE.

I HAVE READ/OR WAS MADE AWARE OF THE AGREEMENT PERTAINING TO THE EXTENSION OF LIMITS OF CONFINEMENT. I UNDERSTAND AND AGREE TO THE CONDITIONS OF THE AGREEMENT AS PROVIDED BY MY SIGNATURE.

INMATE'S SIGNATURE

DATE/TIME

Corrections Staff: _____
(As Witness) PRINT NAME

SIGNATURE

CASEWORK & COUNSELING SERVICES DIVISION
Department of Corrections
VERIFICATION LOG FORM

INMATE:	CLASSIFICATION:	CASEWORKER ASSIGNED:
DATE/TIME RECEIVED:	DUE DATE:	DATE COMPLETED:
DATE/TIME	ACTIVITY/COMMENTS	

- I. Verification into the above requested activity(ies) have been made by the undersigned, and submit the following:
- () The request is not in compliance with provision of Section 80.49(a), 9 GCA and/or General Order #14-01
Specify: _____
- () The request is within the provision of Section 80.49(a), 9 GCA and/or General Order #14-01
- () to visit a dying relative _____
- () to attend a relative's funeral _____
- () to obtain medical services not otherwise available _____
- () other compelling reasons (specify) _____
- II. Other Conditions:
- Per Executive Oder #97-05, Sections 4.5, the classification of inmate determines the level of escort needed, the degree of restraint required, and inmate's attire when leaving the institutional grounds.
- () Unclassified Inmates: an armed one-on-one escort will be used and the inmate shall be in full restraints.
(The maximum time allowance for an unclassified inmate shall be a more than One (01) hour upon arrival at location).
- () Maximum Levels: an armed one-on-one escort will be used and the inmate shall be in full restraints.
- () Medium (Level 1): escorted by corrections officer and kept in restraints.
- () Medium (Level 2): escorted by corrections officer and kept in restraints.
- () Medium (Level 3): escorted by corrections officer and may be in restraints.
- III.
- () Minimum (In): escorted by corrections officer and should be observed in the immediate area.
(**If Inmate serving 15 years and above; be in restraints**).
- () Minimum (Out): escorted by corrections staff.
- () Community Corrections: escorted by corrections staff or family member if inmate is within 180 days prior to FTR or approved parole release.
- () Pre-Release: escorted by family member if inmate is within 90 days of release date.
- IV. () Per DOC General Order #14-01, Section IV, F, 1(d), Inmate is allowed maximum time of one (01) hour upon arrival at the location for an Emergency ELOC.
- V. () Per 9 G.C.A. 80.48 (3), inmate is to wear DOC uniform at all times.

NAME/TITLE

DEPARTMENT OF CORRECTIONS
Government of Guam

ELOC Request No.

EXTENSION LIMITS OF CONFINEMENT (ELOC) REQUEST FORM

INMATE:

Classification (Level):

Purpose:

Activity Date/Time:

NOTE: Travel Time not included

Viewing/Funeral

Location (be specific): Viewing/Funeral:

Transportation:

Support documents: [] attached

Acknowledged by Escort/Transport Personnel:

Pursuant to 9 G.C.A. Sections 80.48(e), 80.49(a), E.O. 97-05, and DOC General Order #14-01, verification for the above requested activity(ies) have been made by (Print Title/Name) _____, and is hereby submitted for review and action. Should ELOC be disapproved at any level, it shall not be forwarded to the Director.

This ELOC Request is:

APPROVED / DISAPPROVED

COMMENTS:

Administrator, CCSD

Date:

APPROVED / DISAPPROVED

COMMENTS:

Superintendent, ACF

Date:

APPROVED / DISAPPROVED

COMMENTS:

Director, DOC

Date:

Date of Activity (Action taken) (To be filled out by transporting personnel).

Date/Time out from Institution:

Date/Time in from activity:

Signature:

Remarks:

Upon approval of the ELOC the original ELOC will be routed to ACF Central Control (copies to CCSD/ACF Transport/Operations). Once activity completed the Original ELOC to be returned to CCSD for file. Upon disapproval of the ELOC copies to be routed to ACF Central, ACF Transport/Operations and Original to CCSD for file.



DEPARTMENT OF CORRECTIONS

Depattamenton Mangngurihi

P.O. Box 3236

Hagatna, Guam 96932



Edward B. Calvo
Governor

Jose A. San Agustin
Director

Ray Tenorio
Lt. Governor

Date: _____

TO: _____

FROM: Medical Physician/Clinical Psychologist/Dentist

SUBJECT: Referral of Inmate/Prisoner (Inmate/Detainee) for Medical/Other Services of Special Type of Unavailable at Department of Corrections

Buenas yan Hafa Adai!

Pursuant to 9 Guam Code Annotated (GCA) Chapter 80.49, the Director of the Department of Corrections (DOC) hereby request that medical and/or dental services be provided

To _____ on _____

☐ Medical/Other Services ☐ Dental Services* ☐ Optometry Services **

***DENTAL SERVICES – shall be limited to essentials ONLY. COSMETICS OPTIONS ARE NOT AUTHORIZED!!**

****OPTOMETRY SERVICES – Frames must be the most basic and inexpensive in style and cost.**

****WIRE FRAME AND COSMETIC OPTIONS FOR EYEGLASSES, E. G., TINTING AND CONTACT LENSES ARE NOT AUTHORIZED.**

☐ **Local Inmate:** Please forward all billings for charges incurred for services rendered to the above named Local Inmate to:

Department of Corrections

P. O. Box 3236

Hagatna, Guam 96932

Tel: (671) 734-3981-9 Fax: 734-4490

- Please return report with referred patient in order for DOC to render payment to your clinic.

- Please return report with referred patient in order for DOC to maintain medical files regarding the above named inmate.

☐ **Local Detainee/Self Pay:** Pursuant to the Attorney Generals Opinion, DOC 00-0922. Please forward all billings for charges incurred for services rendered to the above named Local Detainee as indicated:

☐ Medical/Dental Insurance Provider _____

☐ Policy holders Name _____

☐ MIP or Medicaid Number _____

☐ Other * as indicated _____

TO INCLUDE ASSETS OWNED BY DETAINEE (include real estate and properties fair market value)

☐ **Federal Inmates/Detainees:** Please forward all billings for charges incurred of services rendered to the above named Federal Inmate/Detainee to:

United States Marshall Services

12200 L. Street, NW

520 West Soledad Avenue

Hagatna, Guam 96910

Tel: (671) 477-7827 Fax: 473-9195

☐ **ICE Inmates/Detainees:** Please forward all billings for charges incurred for services rendered to the above named ICE Inmate/Detainee to:

Immigration Health Services

12200 L. Street, NW

PMB 468

Washington, DC 20005-4018

Tel: 1-800-479-0523 Fax: 1-800-475-9349

The above request is based on the advice of DOC assigned medical and/or dental professionals. Such professionals advised that private and community medical and/or dental referral is warranted in this instance because similar services are either unavailable, or not economically feasible within DOC.

Therefore, consistent with 9 GCA, Section 80.49, Executive Order No. 94-19, Section 13.4, and Executive Order No. 88-19, Section 6.35, the Director of DOC has authorized extensions of the limits of the place of confinement for the above named individual to obtain proper medical and/or dental services.

With appreciation in anticipation of your assistance, Dangkolon na Si Yu'os Ma'ase' -- Thank you very much.

Medical Physician/Clinical Psychologist/Dentist

☐ APPROVED ☐ DISAPPROVED

By direction of:

Jose A. San Agustin, Director of Corrections



Tel. No.: 735-7150